



## KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

### LPCC–S APPLICATION

The following form shall be completed and *returned to board* to qualify as a supervisor of a licensed professional clinical counselor or licensed professional counselor associate and, hold a designation as an LPCC–S.

Name \_\_\_\_\_ Date: \_\_\_\_\_

License Number \_\_\_\_\_

I have satisfy one of the following, (please check one):

<input type="checkbox"/>	I have taught or completed a three (3) hour graduate level course in counseling supervision
<input type="checkbox"/>	I have taught or completed a board approved fifteen (15) hour course on supervision
<input type="checkbox"/>	I have five (5) years' experience as a Board approved, active supervisor

I affirm that all information provided by me on this form is true and accurate, and I affirm the following:

I have met the following requirements of 201 KAR 36:065:

- Be licensed by the board as a licensed professional clinical counselor;
- Not have:
  - An unresolved citation filed against the applicant by the board that licenses or certifies that profession;
  - A suspended or probated license or certificate; or
  - An order from the board under which the applicant is licensed or certified prohibiting the applicant from providing supervision;
- Have been in the practice of his or her profession for at least two (2) years following licensure as a professional clinical counselor or its licensure equivalent issued by another state's regulatory professional counseling board; and
  - Have taught or completed a three (3) hour graduate level course in counseling supervision;
  - Have taught or completed a fifteen (15) hour board-approved supervisor training course; or
  - Any supervisor who is a clinical counseling supervisor as a part of a board-approved supervisory agreement or a supervisor of a graduate-level counseling student who is providing services in a mental health setting with five (5) years of experience shall be deemed to satisfy the requirement of subsection (1)(e) of this section.
- Attach supporting documentation to your application.

Signed Name \_\_\_\_\_

Date \_\_\_\_\_